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4

Number of Pages (including this page)

Date: 02/21/2006
To: Coulter, Kenneth R. Art Unit 2141
Location: United States Patent and Trademark Office
Fax No.: 571-273-8300 Centralized Facsimile Number
From: Matthew C. Loppnow REG. NO. 45,314
Subject: Serial No.: 10/037,015 Docket No.: CS10398

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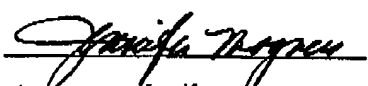
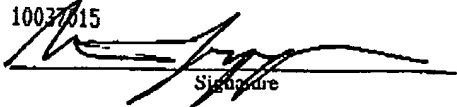
MESSAGE:

Enclosed herewith, please find **NOTICE OF APPEAL** for filing in the below-identified application.

EXAMINER:	Coulter, Kenneth D.
ART UNIT:	2141
APPLICATION SERIAL NO.:	10/037,015
FILE DATE:	12/21/2001
INVENTOR:	Kotzin, Michael D.

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number CS10398
<p>I hereby certify that this correspondence is being facsimile transmitted to facsimile number (571) 273-8300 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below: 02/21/2006</p> <p>Signature </p> <p>Typed or printed name <u>Jennifer Magness</u></p>	In re Application of <u>Kotzin, Michael D.</u>	
	Application Number <u>10/037,015</u>	
	Filed <u>12/21/2001</u>	
	For <u>METHOD AND APPARATUS FOR OBTAINING INTERNET CONTENT FOR A WIRELESS DEVICE</u>	
	Art Group <u>2141</u>	
	Examiner <u>Coulter, Kenneth R.</u>	
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500.00</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a Fee Transmittal in duplicate.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any over payment to Deposit Account Number <u>502117</u>. I have enclosed a Fee Transmittal.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p style="text-align:center">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <u>02/23/2006</u> <u>NGUYEN1 00000119 502117 10037015</u> <u>01 FC:1401 500.00 DA</u></p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>45,314</u></p> <p><input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p style="text-align:right"> _____ Matthew C. Loppnow Typed or printed name <u>(847) 523-2585</u> Telephone number <u>02/21/2006</u> Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> * Total of <u>1</u> forms are submitted.</p>		

This collection of information is required by 37 CFR 1.91. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

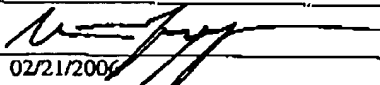
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/037,015	
	Filing Date	12/21/2001	
	First Named Inventor	Kotzin, Michael D.	
	Group Art Unit	2141	
	Examiner Name	Coulter, Kenneth R.	
Total Number of Pages in this Submission	2	Attorney Docket Number	CS10398

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/>	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation,	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Matthew C. Loppnow	Registration No.	45,314
Signature			
Date	02/21/2006		

FEB 21 2006

FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> 2141		Complete if Known		
		Application Number	10/037,015	
		Filing Date	12/21/2001	
		First Named Inventor	Kotzin, Michael D.	
		Examiner Name	Hoang, Thai D.	
TOTAL AMOUNT OF PAYMENT		(S) 500.00	Docket No.:	CS10398

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																																																								
Check	Credit card	Money Order	Other	None	4. ADDITIONAL FEES																																																																																																																																																																																								
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th></th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late Provisional filing</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2520</td> <td>1812</td> <td>2520</td> <td>For filing a request for ex parte Reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIF prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1840*</td> <td>1805</td> <td>1840*</td> <td>Requesting publication of SIF after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>1020</td> <td>2253</td> <td>510</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1690</td> <td>2254</td> <td>795</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2160</td> <td>2255</td> <td>1080</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal</td> <td>500.00</td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>1000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1510</td> <td>1451</td> <td>1510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>500</td> <td>2452</td> <td>250</td> <td>Petition to revive - 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2. EXTRA CLAIM FEES Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple Dependent Claims					<table border="1"> <thead> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>25</td> </tr> <tr> <td>200</td> <td>100</td> </tr> <tr> <td>350</td> <td>180</td> </tr> </tbody> </table>					Fee (\$)	Small Entity Fee (\$)	50	25	200	100	350	180																																																																																																																																																																												
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3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity) For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).					<table border="1"> <thead> <tr> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>250</td> <td></td> </tr> </tbody> </table>					Fee (\$)	Fee Paid (\$)	250																																																																																																																																																																																	
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Total Sheets: 0 Extra Sheets: 0 Number of each additional 50 or fraction thereof: 0 Fee (\$): 0 Fee Paid (\$): 0																																																																																																																																																																																													
5. OTHER FEE(S) (specify) Non-English Specification, \$130 fee (no small entity discount)					Fee Paid (\$): \$500.00																																																																																																																																																																																								
SUBMITTED BY Name (Print/Type): Matthew G. Loppnow Signature:					Registration No.: 45,314 Telephone: (847) 523-2585 Date: 02/21/2006																																																																																																																																																																																								